



Loneliness and the Feeling of abandonment, related to Age, as Factors of Risk to Life

Francisco das Chagas Lopes, Thayná Ferreira Machado Lopes, Miriam Rodrigues Ferreira de Souza, Walber Gonçalves de Souza, Juscélio de Abreu Clemente, Mario Alessandro Gontijo de Melo, Wanessa Soares Luiz Silva, Daniel Rodrigues Silva

Received: 03 Jan 2021;

Received in revised form:

26 Feb 2021;

Accepted: 22 Mar 2021;

Available online: 17 Apr 2021

©2021 The Author(s). Published by AI Publication. This is an open access article under the CC BY license (<https://creativecommons.org/licenses/by/4.0/>).

Keywords— *Hopelessness, loneliness, risk group.*

Abstract— Formal operations, according to the theory of Jean Piaget (1896-1980) is the phase where the human being reaches the balance of his intellectuality that will last throughout his life, reaching his stage of maturation at around 40 years of age. Freud (1856-1939) shows that the adult phase is the result of events in childhood, which define its structure, categorizing it as neurotic, psychotic or perverse. Thus, the cognitive structures are formed, beforehand, and undergoing the necessary environmental changes to improve their maturation process, transforming the individual as a result of the environment. All of these interactions can form behaviors in the individual that evade normality, such as suicide. Biological, social and psychological factors associated with the economy emerge as causes of self-extinction. Objective: Create a strategic awareness of knowledge that, within certain age groups, the levels of risk of self-extinction are higher, directing psychotherapeutic work towards a more incisive investigation on the topic, as a prophylactic action. Methodological Approach: An electronic questionnaire of 8 (eight) questions, with closed answers, was made available through social networks, sent randomly to people of all ages, from 15 years of age onwards. 108 people signed up to the invitation. The answers would be: YES, NO and in just 3 there was a MAYBE that aimed to measure the hesitation before the question. After 63% of the people surveyed answered, the survey started to be developed, using the same form, personally. Results: research shows that those aged 15 to 25 and those aged 40 to 60 years have a strong tendency to risk self-extinction. Comparing their responses, it can be seen that those in this age group claim that they have already felt alone. And when asked if they ever thought about giving up on life, the data were mostly positive. Final Considerations: Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25 and 40 to 60 years, is something that has meaning and open doors for suicidal ideas. This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that the gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction. Comparing their responses, it can be seen that those in this age group claim that they have already felt alone. And when asked if they ever thought about giving up on life, the data were

mostly positive. Final Considerations: Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25 and 40 to 60 years, is something that has meaning and open doors for suicidal ideas. This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction. Comparing their responses, it can be seen that those in this age group claim that they have already felt alone. And when asked if they ever thought about giving up on life, the data were mostly positive. Final Considerations: Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25 and 40 to 60 years, is something that has meaning and open doors for suicidal ideas. This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction. Final Considerations: Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25 and 40 to 60 years, is something that has meaning and open doors for suicidal ideas. This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction. Final Considerations: Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25 and 40 to 60 years, is something that has meaning and open doors for suicidal ideas. This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction. Final Considerations: Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25 and 40 to 60 years, is something that has meaning and open doors for suicidal ideas. This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction.

I. INTRODUCTION

Exponential cases of suicide are observed around the world. Some of them by a more cultural route, which the social sciences have been busy pondering on the issue and anthropology can make its inferences on the subject in very precise details, such as those that still happen in Japan, such as the incentives given to women in India, when they were widowed, even those involved in depressive states due to the oppression of China, in limiting pregnancies, transforming the place as the only one in which the suicide rate of women exceeds that of men (COUTINHO, 2010).

There are data stating that subsequent suicide attempts are successful and that they occur within the next 2 years after the first attempt showing that those who have tried are more likely to die than those who have never had a similar action.

In a study involving more than 40,000 participants (2,614 of

whom were assisted by attempted suicide) from 1995 to 2001, the probability of dying from suicide in five years was sixty times higher among those who attempted suicide than among those with no history of attempt (VIDAL, 2013).

The intervals between one attempt and another started to decrease (VIDAL, 2013). Research points out that there are incidences at certain ages, as well as, it considers the issue of sex and, although women present themselves as the ones who try the most, men are the ones who have the greatest successes in their acts of self-extinction.

The gravity of the issue is known, placing it as a public health issue, as well as preventive interventions instruments such as: educational and awareness programs

for the general public and for professionals, identification of possible methods have already been created. of attempts, treatment of mental disorders, restriction of access to lethal means and the focus of the reports that appear in the media about suicide (ABREU, 2010).

An interesting piece of information is that the health teams were or are close to those who are going through the act of self-destruction.

It was identified that more than 75% of suicide victims sought a primary health care service in the year of their death and 45% in the month that they committed suicide. Therefore, for the prevention of suicidal behavior, public health professionals play a fundamental role in the early detection of risk factors (ABREU, 2010).

Formal operations, according to the theory of Jean Piaget (1896-1980) is the phase where the human being reaches the balance of his intellectuality that will last throughout his life, reaching his stage of maturation at around 40 years of age. Freud (1856-1939) shows that the adult phase is the result of events in childhood, which define its structure, categorizing it as neurotic, psychotic or perverse. Thus, the cognitive structures are formed, beforehand, and undergoing the necessary environmental changes to improve their maturation process, transforming the individual as a result of the environment. In other words: the interactions that a person has with the environment, from its conception, lead him to the behaviors that one has. Those that are considered abnormal give science the name of pathological and these biological factors,

Depression has been the gateway as the main cause of suicide. However, considering what leads to this pathological state can make a big difference, from a psychotherapeutic perspective.

GOMES (2015) lists some risk factors such as: presence of mental disorders, suicidal ideation, history of suicide attempts, hopelessness and lack of life projects, anxious conditions, negative life events, family and social support (deficient), stress and method availability. In addition, Dalgalarondo (2008) asserts that suicidal ideation should always be investigated in patients with a sad mood and that risk factors involve, among others, adolescents, middle-aged men and the elderly.

This study perceived the risk in the first two age groups: 15 to 25 and 40 to 60.

objective:

Make a comparison of the relationship between feeling of loneliness and hopelessness, observing specific ages and their maturation within human development. Create a strategic awareness of knowledge that, within certain age groups, the levels of risk of self-extinction are higher, directing psychotherapeutic work towards a more incisive investigation on the topic, as a prophylactic action, considering that the sooner it can be identified the threat of suicide, the more diligent the intervention may be. That would be a protective factor.

II. METHODOLOGICAL APPROACH

An electronic questionnaire of 8 (EIGHT) questions (one of which only sought age), with closed answers, was made available through social networks, sent randomly to people of all ages, from 15 years of age onwards. 108 people signed up to the invitation. The answers would be: YES, NO and in just 3 there was a MAYBE that aimed to infer the hesitation before the question.

The study presented here came from results raised in a research that sought other data. When questions were made available, it was sought to know, within the psychotherapeutic approach, the extent to which people were confident in seeking psychological help. The questions were as follows:

1. Have you ever felt alone, even surrounded by people?
2. Did you have anything personal to talk to someone about, but there was no one to trust the matter with?
3. Is there anything unresolved that you would need to "vent" with someone?
4. Do you feel alone now?
5. Have you had any therapy?
6. Would you trust a Psychologist with something very personal?
7. Have you ever thought about giving up life?

After 63% of the people surveyed responded privately, the survey started to be developed, using the same form, personally. The researchers approached individuals on the street or at a gathering such as parties and churches. The main data sought was directly related to the needs foreseen in questions 1, 2, 3, 4, 5 and 7 with that of number 6, which would measure the willingness to seek psychological support.

When the data had already been collected, it was noticed that, in addition to what was proposed at the beginning of the work, there was a relationship between

questions 1, 2, 3, 4 and that of number 7. ages, comparing the dispositions of each age with the question number 7. Thus, it was noticed a configuration unrelated to that for

which the fieldwork had been proposed, leading researchers to take advantage of the data for the study exposed here.

III. RESULTS

Question 01 Question 02 Question 03 Question 04 Question 05 Question 06 Question 07

15 to 25 = 49							
YEA	92%	71%	51%	10%	31%	47%	49%
NO	8%	29%	49%	57%	69%	12%	43%
PERHAPS		0		33%		41%	8%
25 to 40 = 39							
YEA	74%	67%	44%	5%	15%	51%	36%
NO	26%	33%	56%	90%	85%	21%	54%
PERHAPS				5%		28%	10%
40 to 60 = 16							
YEA	94%	75%	44%	13%	37%	33%	44%
NO	6%	25%	56%	81%	63%	20%	50%
PERHAPS			0	6%		47%	6%
Above 60 = 4							
YEA	50%	75%	25%	0	75%	50%	25%
NO	50%	25%	75%	100%	25%	0	75%
PERHAPS				0		50%	0

- QUESTION 01 - Have you ever felt alone, even surrounded by people?
- QUESTION 02 - Did you have anything personal to talk to someone about, but there was no one to trust the matter with?
- QUESTION 03 - Is there anything unresolved that you would need to "vent" with someone?
- QUESTION 04 - Do you feel alone now?
- QUESTION 05 - Have you had any therapy?
- QUESTION 06 - Would you trust a Psychologist with something very personal?
- QUESTION 07 - Have you ever thought about giving up life?

When asked: "Have you ever felt alone even surrounded by people?" answered yes, 92%, aged between 15 and 25 years; 74% from 25 to 40; 94% from 40 to 60. Over 60 years were 50% for yes and no. In the question: "Is there anything unresolved that I would need to talk to someone about?", Answered NO 49% from 15 to 25, 56% from 25 to 40, 56% from 40 to 60 and 75% those over 60 years of age. When asked if they felt alone at the moment,

it was 57%, 90%, 81% and 100% for NO, respectively. In the question: "Have you ever thought about giving up on life?" All, except those over 60, had very expressive graphics, but what stood out was the results of those aged 15 to 25 years, in which 49% said YES, 43% said NO and 8% said MAYBE.

When asked about past experiences, most say they felt alone, making up 84.3%, even when surrounded by other people.

However, loyalty to the group was perceived by those in the 15 to 25 age groups, when asked if they felt alone at the moment. And these corresponded to 45.4% of the interviewees. None refused to answer the questionnaire, but there was hesitation in the answers when they were accompanied by another of the same age group. The responses were well thought out, increasing the number of "maybe", unlike when asked when they were alone.

Thus, these results are consistent with information that attests that "in Switzerland, the main cause of death up to the age of 25 is suicide" COUTINHO, AHS

IV. CONSIDERATIONS

Analyzing the results, it can be inferred that loneliness, from the point of view of those aged between 15 and 25, is something that has meaning only for the past, considering that when asked if they felt alone, at the moment, his objective responses were negative. Although the large number of "MAYBE", in this matter, shows a certain level of avoidance, it is due to the fact that they are accompanied by one of their peers. This makes the study more meaningful considering that those who would be in your class, are not aware of the real needs they have, aggravating their emotional state due to the absence of speech. And this emptiness can be a reason for negative considerations when they are alone. Gomes (2015) points out that a satisfactory social life is an important protective factor.

Due to the degree of severity, it is believed that there is also a risk group, those aged between 40 and 60 years. These have an accent on the past that seems to be delicate, which is as serious as those of 15 to 25 years old, because comparing the answers of when they were asked if they had already thought about giving up on life, it can be said that it is as serious as . While 49% of those aged 15 to 25 years said that yes, 44% of those aged 40 to 60 marked positively as well, where there could be a technical tie. Thus, these are the two ages of risk, for possible hopelessness, according to the results of the data presented here.

This opens the way to carry out more detailed studies in order to identify prophylactic strategies to reach these individuals so that gaps can be perceived and, within a psychotherapeutic process, this will be a fact that is seen as a priority for the prevention of self-extinction. One could also narrow investigations in order to understand, within these phases, what kind of prevalence of suicide there is, according to Durkheim's postulate, if it would be the selfish, the altruistic, the anomic or fatalistic. It would even be possible to taper each track to theoretical observations such as Kolberg's morality, in view of the Conventional internship and in cases involving teenagers and Martin EP Seligman's Theories of Helplessness for both age groups. In the case of those of a subsequent age group (40 to 60).

REFERENCES

- [1] <http://www.unicamp.br/iel/site/alunos/publicacoes/textos/d00005.htm>
- [2] http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0102-73952012000200011
- [3] <http://psicopsi.com/en/etapas-do-desenvolvimento-emocional-oral-anal-falica-latencia-genital/>

- [4] VIDAL CEL et al. SUICIDE AND MORTALITY ATTEMPTS - Cad. Saúde Pública, Rio de Janeiro, 29 (1): 175-187, Jan, 2013
- [5] COUTINHO, AHSA Suicide and social bond. Reverse, Belo Horizonte, vol. 32, n. 59, p. 61-70, 2010.
- [6] Abreu, KP, Lima, MADS, Kohlrausch, E. & Soares, JF (2010). Suicidal behavior: Risk factors and preventive interventions. Electronic Journal of Nursing, 12 (1), 195-200.
- [7] GOMES, Marco Antonio. Construction of the scale of reasons for living EMVIVER / Marco Antonio Gomes - Itatiba, 2015. 131 p.
- [8] Dalgalarondo, Paulo. Psychopathology and semiology of mental disorders [electronic resource] / Paulo Dalgalarondo. - 2. ed. - Electronic data. - Porto Alegre: Artmed, 2008.